## **Rhode Island Department of Environmental Management**

Office of Boat Registration & Licensing 235 Promenade Street Room 360 Providence RI 02908-5767 (401) 222-6647 TDD (401) 222-4462

## MULTI-PURPOSE WITH GILL NET LICENSE RENEWAL APPLICATION

Mailing Address		Residence Address (Cannot be	a PO Box)	
Name:				
Street:		Street:		
City,State,ZIP:		Street: City,State,ZIP:		
Applicant ID: Current License Information		_ DOB:		
Current License Information		DOB: New License Information:		
License Type:		License Type:		
License Description:		License Description:	License Description:	
License Number:		License Number:		
Expiration Date:		Expiration Date:		
Occupation:				
*** (MUST	<b>BE RENEWED</b>	<b>NO LATER THEN 02/28/2</b>	005) ***	
•		00 Late Fee March 1, 2005 – <i>A</i>	•	
		-	•	
THE IIIIOIIIIai	ion below is KEC	<u>QUIRED</u> in order to renew you	ii iiceiise	
Gear Type	Non-binding	Multi-Purpose License	\$300.00	
For Informational purposes ONLY	Please check all that apply	Endorsement	Ψ000.00	
Rod & Reel		Gill Net	\$ 20.00	
Otter Trawl		Oil Net	Ψ 20.00	
Fish Pot		TOTAL DUE:	\$320.00	
Lobster Pot		TOTAL BOL.	Ψ320.00	
Bullrake		Fishery Sector(s)	Non-binding	
Other (Please specify)		For Informational purposes ONLY	Please check all that apply	
		Finfish		
NOTES		Shellfish		
<ul> <li>Please make check or money order</li> </ul>				
payable to: State of Rhode Island-				
<b>DEM</b> & mail or deliver to address above				
<ul> <li>Every vessel engaged in Commercial Fishing must be declared on a Commercial Vessel</li> </ul>				
Declaration Application				
<ul> <li>Rules &amp; Regulations are available at <u>www.state.ri.us/dem</u> or The Office of Boat</li> </ul>				
Registration & Licensing				
<ul> <li>You are required to submit the Taxation Certification pursuant to RI GL§ 5-76 and 31-3 –</li> </ul>				
along with your application for marine license				
Resident RIGL20-1-3(8) Resident means an individual who has had his or her actual place of residence and				
has lived in the state of RI for a continuous period of not less than six (6) months:				
I hereby certify that I am a RI resident and the information contained herein is true and correct:				
and a second and a second and the information contained noton to the did contour				
Signature:		Date: RIDL # (Optional)		
Telephone Number		(Ontional)		